KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form U3C
June 2015
Form must be Typed
Form must be completed on a per well basis

ANNUAL REPORT OF PRESSURE MONITORING, FLUID INJECTION AND ENHANCED RECOVERY

Complete all blanks - add pages if needed. Copy to be retained for five (5) years after filing date.

OPERATOR: License # 33288
Name: Manning, Gregory
Address 1: 574 SE 130 AVE
Address 2:
City: ELLINWOOD State: KS Zip: 67526 + 9270
Contact Person: Gregory Manning
Phone: (620) 564-2302
Lease Name: SHARP A
Well Number: 4

API No.: 15-009-15948-00-01
Permit No: E24605.1
Reporting Year: 2019
(January 1 to December 31)

____ - NE - SW - SW Sec. 35 Twp. 20 S. R. 13 ☐ E ☑ W
(Q/Q/Q/Q)
936 feet from ☐ N / ☑ S Line of Section
4395 feet from ☑ E / ☐ W Line of Section
County: Barton

I. Injection Fluid:

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☐ Untreated Brine ☑ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: ____ mg/l Specific Gravity: ____ Additives: ____
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 0 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 250 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: ____ *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	4030	0	0		31
February	3640	0	0		28
March	4030	0	0		31
April	3900	0	0		30
May	4030	0	0		31
June	3900	0	0		30
July	4030	0	0		31
August	4030	0	0		31
September	3900	0	0		30
October	3900	0	0		30
November	3770	0	0		29
December	2600	0	0		20
TOTAL	45760		0		

Submitted Electronically